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U.S. PTO  
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PTO/SB/50 (06-03)

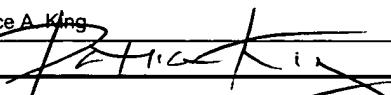
Approved for use through 01/31/2004. OMB 0651-0033  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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## REISSUE PATENT APPLICATION TRANSMITTAL

Address to:  Mail Stop Reissue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No.	105199-638-RI	
	First Named Inventor	Chang Han Shen	
	Original Patent Number	6,431,245 B1	
	Original Patent Issue Date (Month/Day/Year)	08/13/2002	
	Express Mail Label No.	EU259863681US	
<b>APPLICATION FOR REISSUE OF:</b> (Check applicable box) <input checked="" type="checkbox"/> Utility Patent <input type="checkbox"/> Design Patent <input type="checkbox"/> Plant Patent			
<b>APPLICATION ELEMENTS (37 CFR 1.173)</b>		<b>ACCOMPANYING APPLICATION PARTS</b>	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format <i>(amended, if appropriate)</i> 4. <input checked="" type="checkbox"/> Drawing(s) <i>(proposed amendments, if appropriate)</i> 5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) <i>(37 CFR 1.175) (PTO/SB/51 or 52)</i> 6. <input checked="" type="checkbox"/> Power of Attorney 7. <input checked="" type="checkbox"/> Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, check applicable box(es))</i> <input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) <input checked="" type="checkbox"/> 37 CFR 3.73(b) Statement <i>(PTO/SB/96)</i> 8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table 9. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all of the following are necessary)</i> a. <input type="checkbox"/> Computer Readable Form (CFR) b. Specification Sequence Listing on: i <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or ii <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies		10. <input checked="" type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173(c) 11. <input checked="" type="checkbox"/> Original Patent Grant <input type="checkbox"/> Ribboned Original Patent Grant <input checked="" type="checkbox"/> Statement of Loss (PTO/SB/55) 12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) <i>(if applicable)</i> 13. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration <i>(if applicable)</i> 15. <input checked="" type="checkbox"/> Preliminary Amendment 16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 17. Other: _____ _____ _____	

<b>18. CORRESPONDENCE ADDRESS</b>			
<input checked="" type="checkbox"/> Customer Number.		24964	
		OR <input type="checkbox"/> Correspondence address below	
Name	Goodwin Procter LLP		
Address	103 Eisenhower Parkway		
City	Roseland	State	NJ
Country	US	Telephone	973-992-1990
Fax	973-992-4643		

Name (Print/Type)	Patrice A. King	Registration No. (Attorney/Agent)	44,833
Signature			
Date	11/11/03		

This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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## REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)  
105199-638-RI

## Claims as Filed – Part 1

	(1) Claims in Patent	(2) Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee		Rate
Total Claims (37 CFR 1.16(j))	(A) 2	(B) 12	**** 0 =	x \$ ____ =		or	x \$ ____ =
Independent claims (37 CFR 1.16(i))	(C) 1	(D) 8	* 0 =	x \$ ____ =			x \$ ____ =
			Basic Fee (37 CFR 1.16(h))	\$ 385.00			\$ _____
			Total Filing Fee	\$ 385.00		OR	\$ _____

## Claims as Amended – Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ ____ =		x \$ ____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ ____ =			x \$ ____ =
				Total Additional Fee	\$ 0.00		OR	\$ _____

\* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

\*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

\*\*\* After any cancellation of claims.

\*\*\*\* If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

\*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

Applicant claims small entity status. See 37 CFR 1.27.

Please charge Deposit Account Number 06-0923 in the amount of \$385.00. A duplicate copy of this sheet is enclosed.

The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account Number 06-0923. A duplicate copy of this sheet is enclosed.

A check in the amount of \$ \_\_\_\_\_ to cover the filing/additional fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

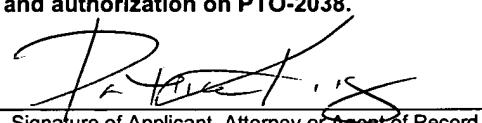
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

11/11/2003

Date

44,833

Registration Number, if applicable

  
Signature of Applicant, Attorney or Agent of Record

Patrice A. King

Typed or printed name

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Inventor: Chang Han Shen  
Atty Docket No. 105199-638-RI  
Title: WINDOW SHADE

## CERTIFICATE OF EXPRESS MAILING

EXPRESS MAIL Mailing Label Number **EU259863681US**

Date of Deposit: November 12, 2003

I hereby certify that this and the enclosed paper(s) and/or fee(s) is/are being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" service under 37 CFR §1.10 on the date indicated above and is addressed to: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313.

*TOTAL # OF  
PAGES 48*

1. Reissue Patent Application Transmittal;
2. Reissue Application;
3. Preliminary Amendment;
4. Reissue Application Fee Transmittal (in duplicate);
5. Reissue Application: Declaration By The Inventor;
6. Reissue Patent Application Statement As To Loss Of Original Patent;
7. Reissue Application: Consent Of Assignee; Statement of Non-Assignment;
8. Statement Under 37 CFR 3.73(b);
9. Power of Attorney and Correspondence Address Indication Form;
10. U.S. Patent 6,431,245;
11. Certificate of Express Mailing; and
12. Return Receipt Postcard.

*Karen Longo*  
Karen Longo

PTO/SB/55 (05-03)

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**REISSUE PATENT APPLICATION  
STATEMENT AS TO LOSS OF ORIGINAL PATENT**

Docket Number (Optional)

105199-638-RJ

I hereby state that:

I am the applicant for a reissue patent based on the original patent identified below.

Name of Inventor(s)/Assignee(s)  
N T Y International Corp.Patent Number  
6,431,245 B1Title of Invention  
Window ShadeReissue application number (if known)  
not yet assigned

The ribboned original patent grant is lost or inaccessible.

Signature

Typed or printed name  
Nelson T. G. Yang

Date

11-07-2003

Title (e.g., inventor(s), officer or assignee)

President

This collection of information is required by 37 CFR 1.178. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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